

THE

MEDICAL MISSIONARY

To Africa



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Our Contributors:

Father Benedict Brosnahan, O.S.B. is a monk at St. Anselm's Priory, Washington, D.C. He conducted the eight day Retreat preceding the Profession and Reception Ceremony on February 12.

Soeur Mondoux, of the Religious Hospitallers of St. Joseph (Hôtel-Dieu de Montreal) is Secretary of the Committee for the Beatification of Jeanne Mance.

Your Will

can help the Medical Mission Sisters bring health and healing to the sick in mission lands. The following approved form of bequest may be used:

"I hereby give (devise) and bequeath to the Society of Catholic Medical Missionaries Inc. (also known as the Medical Mission Sisters), an institution incorporated under the laws of the State of Maryland and its successors forever the sum of \$..... for its general purposes."

If you have already made your will, it is not necessary to make a new one. It is sufficient that a codicil be added, using the above form.

Our Cover This Month

The members of the pioneer group of Medical Missionaries who will open our first mission in Africa, are: Sister Margaret Mary, R. N. (extreme left on the picture), Sister M. Marcella, M. D., and Sister M. Paula, R. N. (center) and Sister M. Raphael, Ph. G. (bottom). The Departure Ceremony was held on February 23. His Excellency, the Most Reverend J. Carroll McCormack, auxiliary bishop of Philadelphia, presided. The Rev. Anthony McAndrews, S.M.A., former missionary to Africa, and Superior of Queen of the Apostles Seminary, Washington, D.C., preached the sermon.

These four Sisters will open Holy Family Dispensary in Berekum, Ashanti District, Gold Coast. Africa has great need for medical missions. Maternal and infant mortality is alarmingly high. Malaria, black-water and yellow fevers, yaws, leprosy, skin diseases and elephantiasis are all prevalent in this district. Recently a dispensary and convent were erected for the Sisters on a piece of land granted by the native chief in Berekum.

THE MEDICAL MISSIONARY

8400 Pine Road

Sister M. Christine, S.C.M.M., Editor
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THE MEDICAL MISSION SISTERS

Who they are:

The Medical Mission Sisters are a religious community devoted to the care of the sick in the missions. Some of the Sisters are doctors, nurses or pharmacists; others are engaged in secretarial, household and similar duties necessary for medical mission work.

Main Activities

Hospitals, dispensaries, home visiting, leprosaria, training native nurses, training native compounders, maternity and child welfare clinics, establishing native Medical Mission Sisterhoods.

To cope with the numerous requests from mission bishops for medical mission centers, many vocations are needed.

Houses of the Society

Motherhouse and Novitiate — 8400 Pine Road, Fox Chase, Philadelphia 11, Pa.
House of Studies—6th & Buchanan Sts., Washington 17, D. C.
Postulate; Osterley, Middx. England
Heerlen, Holland

Missions

INDIA

Holy Family Hospital—Rawalpindi
Holy Family Hospital—Patna
Holy Family Hospital—Mandar
Mitford Hospital — Dacca

INDONESIA

Maternity Clinic, Stella Maris Hospital, Makassar, Celebes

AFRICA

Holy Family Dispensary — Berekum, Gold Coast

UNITED STATES

The Santa Fe Catholic Maternity Institute
Santa Fe, New Mexico
The Catholic Colored Clinic
Atlanta, Georgia

VOCATION MEANS OBLATION

Sermon delivered by Reverend Benedict Brosnahan, O. S. B. on the occasion of the Reception and Profession Ceremony, February 12, 1948.

When King David had gathered together the cedars of Lebanon, the gold and silver from the mines and all manner of precious things for the building of the Temple of God in Jerusalem, this was the prayer he offered: "Who am I and what is my people that we should be able to promise Thee all these things, for all things are Thine, and we have given Thee what we have received of Thy hand. I know my God, that Thou provest hearts and lovest simplicity; wherefore, have I, in the simplicity of my heart, joyfully offered all these things. I have seen with great joy Thy people here present offer their offerings."

The very essence of a religious ceremony like this, is oblation. It is offering love. David offered material things: The cedars of Lebanon, the gold and silver, while these offer their bodies and souls for Christ.

Now these young women here this morning have consented to make the sacrifice in the generosity and simplicity of their hearts. They offer joyfully, not what they possess, but what is far more precious, what they are. And we stand in admiration of their sacrifice, for the three vows of holy Religion are means of offering to God. The Vow of Poverty makes oblation to God of the natural right of which we are all possessed, to own and to dispose of material things. For the sake of freedom of heart, for the sake of the child-like spirit which our Savior says are so necessary for entering the Kingdom of Heaven, for the rest of their lives, they will go to their Superiors, like minors, and ask for the things they need.

Then, their second Vow, the Vow of Chastity, similarly is an oblation, an offering of that natural right which every man and woman possesses to enter into the marriage state and the joys of the heart. They are offering this up in order to keep an undivided heart to love Jesus Christ without impediment. It is the privilege of the virgin, to love all men in Christ because they are bound to no one in particular. By their Vow of Chastity they are also prepared for the Kingdom of Heaven for Our Blessed Savior has said that in the Resurrection they will neither marry nor be married but shall be as the angels of God.

Then, the third Vow, the greatest of all, the Vow of Obedience—by this they sacrifice their own will, which is our most precious possession. They give it back to God. It does not mean that they never do their own will, but they are united to God and unite their will with all that He wills. We may say that the

blessed in Heaven always do their own will because their wills are in harmony with God's. It is only that the obliterated human will is preparing them for Heaven. In heaven there is only one will, God's will, and their wills are always in perfect harmony with His.

These young women are joining a religious community which has for its mission the evangelization of those dwelling in foreign regions. Like John the Baptist they go forth to prepare the way of the Lord, to make the rough ways smooth. They will reach the soul through the body. Their field is the medical field. They are Medical Missionaries, and follow our Lord's own example. How often do you see Christ Our Lord reaching the soul through the body! Just like the great St. Paul: "The love of Christ urgeth me." They feel pressed by the love of God. May we not even say that they are allured by the love of Jesus Christ. They are so conscious of the charm of the sacred Humanity that they follow Him even to the ends of the earth.

And now, may I turn to those to whom under God it is possible that these young women are here to make their offering to God, especially the Mothers and Fathers. Holy David said, "I have seen with great joy Thy people here present offer Thee their offerings." In a sense, the sacrifice of the parents is greater than the sacrifice of the daughters. The parents brought these fair young women into the world. What a beautiful concept is the one of conceiving children expressed by the word pro-creation. The pro-creation of the parents is a shadowy likeness of God's own omnipotence. So that God gave these young women to their parents in order that their parents may give them back to God. Children do not belong to parents in an absolute sense. Nothing belongs to us in an absolute sense. Everything we possess, even our very bodies, belongs to God. God gives them to us as gifts to take care of them, use them, in order that we may give them back to Him. So that parents who have an excessive possession of their children and want to dominate their destiny are giving in to a wrong kind of possessiveness, they are exceeding their natural right for we all belong first of all to God; but, oh, how beautiful are the good father and mother who are willing to share in the sacrifice of their daughters.

The only thing left is that we pray for them that their generosity may continue to the very end. In King David's words: "Keep them faithful and let their minds remain always for the worship of Thee." Amen.



Front view of our mission in Santa Fe

In the city of "Holy Faith," where the memory of Jean Baptiste Lamy ("Death Comes to the Archbishop") and Sister Blandina are still fresh, there is daily re-enacted the Joyful Mysteries of the Rosary. The long, rambling, adobe building at 417 E. Palace St., graced with the sign, "Catholic Maternity Institute," is the setting in which the Medical Mission Sisters take their part in re-living this story from the Gospel, so old, yet ever new.

The Annunciation

Timidly, a dark-eyed Spanish-American mother pushes open the door of the waiting room of Catholic Maternity Institute. The first thing that catches her eye in the light, cheery room is a large painting of the Madonna and Child. This picture sets the atmosphere of the whole Institute—a reverent care for mothers and babies in honor of her who was both Mother and Virgin. The new patient, Mrs. Romero, shall we call her, is soon at her ease in these surroundings. A Medical Mission Sister takes her into the adjoining room to make a record of her physical history. She is told to return for regular check-ups and for the Mothers' Classes which will show her how to prepare the way for her "niño."

The Visitation

Clinics and classes such as Mrs. Romero attends after her first visit, are the *regular* work of the Sisters at the Institute. But time, tide and babies wait for no one. At any hour of

the day or night, the telephone may bring the urgent call, "Come quickly, Sister, Mrs. Romero needs you." So, in the same spirit that led Our Lady "in haste" across the hill country of Judea to her cousin Elizabeth, the Sister on call takes her medical kit, and starts out in the car along the valley of the Pecos River. On one side of the road, steep bluffs drop down to the edge of the river dotted with piñon trees. Their bright green needles contrast against the

brown and barren earth. An occasional cactus plant raises grotesque arms against the sky. The drive is never more than 30 miles long, yet to the anxious family waiting, it seems ages until "Jose" (the car) pulls up along the house.

The Nativity

Into the poorest of poor homes the Medical Mission Sisters go on such errands of mercy. Though trained in the most modern methods, they often must conduct their work amid the most primitive surroundings, approaching the bareness of Bethlehem. Running water, electric lights and other conveniences that are considered essential for normal living are generally lacking. But there is little that cannot be improvised if the occasion demands it. An orange crate, properly lined, makes an excellent crib. Coca-cola bottles can do for milk bottles. The Sisters learn to adapt themselves to the needs of the work. Yet even in the poorest home nothing is neglected that means

Sister M. Patrick demonstrates the proper way to bathe a baby.



A Rosary for Santa Fe



Sister M. Theophane drops silver nitrate solution into the eyes of a newborn infant.

health and happiness for mother and child. Mrs. Romero knows without a doubt that the birth of her baby is just as important for the Medical Mission Sister as the birth of a king. She receives even greater care and attention because her need is greater.

The Presentation

After a month has passed since the arrival of her baby, Mrs. Romero brings little Elena to the clinic for a check-up. It is also a beautiful custom for the mother to make a pilgrimage to a favorite shrine, the Church of the Santo Niño, as an act of thanksgiving for her happiness.

The Return to Nazareth

After three months, if all is well, mother and child are discharged from the care of the Institute. The baby returns to its home, and "grows and becomes strong." (Luke II-40).

* * *

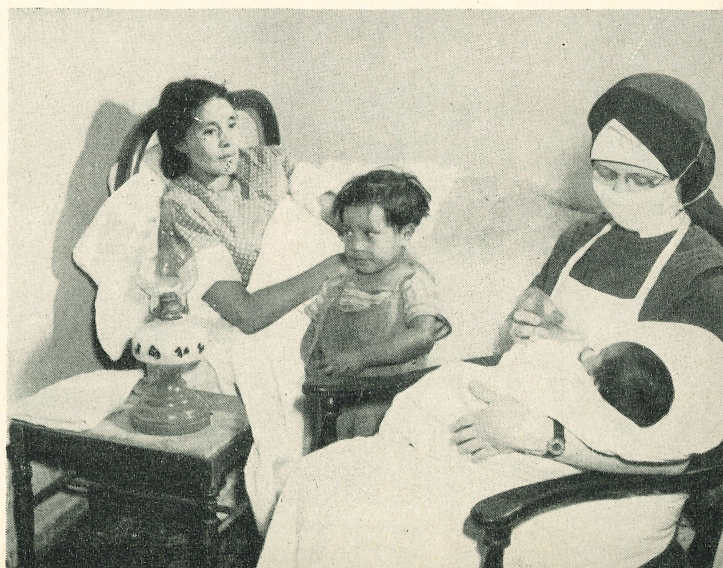
But home visiting and care of patients is not the only work of the Medical Mission Sisters in Santa Fe. The Catholic Maternity Institute also conducts the only Catholic school of

nurse-midwifery in the United States. Fully qualified and accredited by the Catholic University, the United States Children's Bureau and the New Mexico State Health Department, this school accepts graduate nurses with some experience in public health nursing. The course consists of six months' instruction and an additional six months' of practice.

Catholic Maternity Institute had its beginnings in November 1943 when Sister M. Helen and Sister M. Theophane first went to Santa Fe. This venture was history making in two ways. It was the first mission in the United States undertaken by the Medical Mission Sisters. Secondly it was an innovation for Sisters in America to go into the homes for actual delivery service.

Though three flags have flown over Santa Fe—the red and gold of Spain, the tricolor of the Mexican republic and now the Red, White and Blue—the language and culture has remained much the same as it was in the days of the first conquerors. There is an ancient heritage of the true Faith. But through lack of instruction and poverty these people are liable to become an easy prey to influences which undermine family life. Through this living out of the Joyful Mysteries, the Medical Mission Sisters contribute their share to a true Catholic solution of a moral, cultural, and economic problem of motherhood.

Several return visits are made to the home after the birth of the baby.



Social Service in THE VILLAGE OF THE GIFT OF GOD

By Sister Alma Julia, S. C. M. M., Ph. G.

I don't know where it got the name, but the settlement next to Holy Family Hospital, Rawalpindi, made up of the "wrong side of the tracks" kind of people goes by the beautiful name of "The Village of the Gift of God." This title is shortened to "The Village" in ordinary conversation. For example, if a youngster in the dispensary tells you that he is from "The" village, you know that he means The Village of the Gift of God. But if a patient says, "I'm from a village," you know that she means any one of the 700,000 villages where 90% of India's 400 million people live.

The job of a social service worker in *The Village* would be enormous, but worth any amount of trouble. Nowadays it is taken for granted that a hospital has a social service worker. How smoothly her work is planned in the sociology text-books! But it would not be such a simple matter in India. Let me tell you about it, using Holy Family Hospital and The Village for my examples.

Think of all the socially ill that could be found in The Village. The sick, the insane, the cripple, the blind, the deaf-mutes, the epilep-

Some children of "The Village"



tic, the aged, the poor, the orphan—to name a few. And we would add the leper, since this is India. These are definite social problems that could have something done about them. But what has this to do with the running of a Dispensary? I will show you with a few individual cases.

I The Sick

At present about 200 cases come daily to our Dispensary. We give out the usual medicines under the doctor's orders—quinine for malaria, ointment for sores, and the like. A great deal could be done in the way of preventative medicine. For instance, a cholera epidemic started in the nearby towns again this year. But this time the Health Department rushed us plenty of vaccine before any cases developed in Rawalpindi. We hurriedly vaccinated the hospital personnel, then sent a message to The Village, "Everyone in The Village is to come right away and get vaccinated for cholera." The Village responded to a man.

Among the patients each day will be one or more with tuberculosis. It's easy enough to give cough sedatives and advice about rest. But what is needed is a social service worker to look into the case and see that something is done about it. Can or will the patient go to a T. B. hospital? No. Who will take care of her children if she did go? An investigation would find the whole family living in one room and a verandah, if that. The babies play around on the dirt floor, the same floor on which the patient coughs and spits. Back in the U.S.A., the very poor can go free to model sanatoriums. Here the T. B. hospitals are too few.

II The Insane

It is not surprising to find so much mental disease among our daily patients. Unable to read, with no outlet of tennis or bridge, with purdah and other factors, it is a wonder that we don't find more going over the borderline. The sad part of the problem is that there are few places for them. There is a tremendous amount of insanity in India, some dangerous

and criminally inclined, and yet few are in any institutions. The existing institutions are little but havens, if that. Back in the United States, the social worker has many institutions for the feeble-minded and other degrees of mental disabilities to which such cases could be referred. But here?

III The Cripple

One thing that struck me forcibly when I first came to India was the large number of children in the city crawling along on hands and knees, or dragging themselves in some other pitiful manner. Most of them were probably victims of Infantile Paralysis. Think of the braces, the graduated exercises, the swimming pools, the Mile of Dimes, and other things back home to prevent these children from being permanently crippled. And here apparently nothing is done. We see quite a few new cases all the time in the Dispensary. The problem for the doctor or social worker is almost hopeless. If the people were educated and could follow instructions, at least a little could be done. In the United States, there are special schools for cripples which teach them arts and crafts to make a living. I don't know if there is any such place in all of India, unless in recent years, some were established for the returned soldiers.

IV The Blind, Deaf-Mutes, and Epileptic

This section of India and Egypt are supposed to be the worst places in the world for blindness. A lot of it is preventable. A lot of it is curable if treated in time. Small pox is the cause of some, and this is being eliminated to a great extent in this part of India. In fact, small pox vaccination is *one* thing that our Health Department is really insisting upon and carrying out quite efficiently. But trachoma, perhaps the biggest single cause of blindness, is harder to prevent and slower to be cured.

The social problem is with the ones already blind. Schools for the blind? In all India, I don't know whether there is one, unless a small private school or a mission school. And what is that among so many? Teaching the blind a trade? Again, the returned soldiers are getting cared for in that way. Will that work gradually be extended to civilians? The future

is more hopeful, but for the present we have no answer.

With the deaf-mutes and the epileptic, the problem is the same as with the blind. The lack of proper institutions is our chief difficulty.

V The Aged

How many old women come to us and want to spend the rest of their days in Holy Family Hospital. Women that actually have no home and have been living in the streets. Do they have any relatives at all? Is there any organization that will take them in? Not in the Punjab. Old men and women literally die in the gutters. That is paganism. Yet, if we took in all the applicants who want to finish their days in our hospital, we would have an Old Folk's Home, and not a hospital.

VI The Poor and The Orphan

Of course we give care and medicine free to the poor, or at cost price to the not-so-poor, and charge more to the better-off. We take their word for it, or judge by the looks of the person if we don't know them otherwise. Real social work would inquire into incomes, etc.

Abandoned babies are sometimes brought to us. We care for them until they are old enough to go to an orphanage. To find Catholic homes for such would take a real social worker.

VII The Leper

The public health problem in regard to leprosy is this, there is a law that lepers must be institutionalized, but the law can't be enforced. Of the million lepers in India, there are hospital beds for perhaps a thousand. Most lepers do not need institutional care anyway. They should be taught isolation technique. For one instance, a leper should not eat in public tea shops, which is about the only way he would endanger the public. But he does.

About the only thing the hospital social worker can do is advise the patient or family about the facilities that are available for his particular disability, and what precautions he can follow in his own home. That last part alone would keep one social worker busy doing nothing but talk, talk, talk all day long.

And we have no social service worker, as I should have mentioned in the beginning.



Holy Family Hospital
Rawalpindi, Pakistan

Amid the cold darkness of a world torn by fanaticism, starvation and disease, the Catholic hospital shines out as a beacon of charity. In the present transitional period of India's history, the Church has a unique opportunity of showing forth the charity of Christ.



Holy Family Hospital
Mandar, India

Here's The Story



Teaching Native Sister-Nurses

	Out-patients	In-patients
INDIA		
Holy Family Hospital Rawalpindi, Pakistan	48,424	2,788
Holy Family Hospital Patna, India	40,037	3,773
Holy Family Hospital Mandar, India	10,640	890
UNITED STATES		
Catholic Maternity Inst. Sante Fe, New Mexico	3,482	
Catholic Colored Clinic Atlanta, Georgia	8,730	295
GRAND TOTAL	111,313	7,746



Catholic Colored Clinic
Atlanta, Georgia

Preventable and curable diseases abound in India. Several million people die annually of malaria, cholera, dysentery, typhoid, tuberculosis, kala-azar and other diseases. So much could be done for them with good treatment and nursing care.

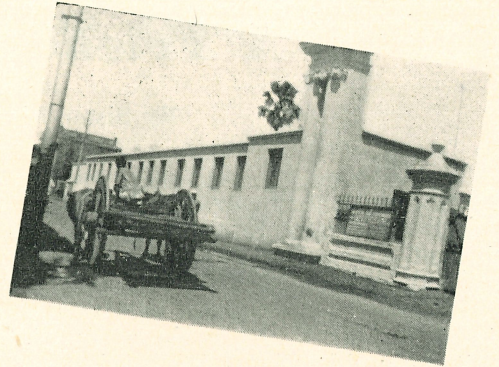


Home



Holy Family Hospital
Patna, India

Hospitals offer splendid opportunities for presenting the Gospel message in word and deed. They represent Christianity in Action, and this is something all classes understand and appreciate. They relieve suffering in the spirit of Christ.



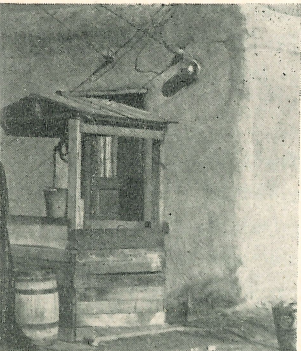
Holy Family Hospital
Patna, India

Score For 1947

Operations		Babies Born	Home Visits	Baptisms
Major	Minor			
248	1,115	647		1,540
223	648	406		308
92	242			60
		297	4,191	10
108	165			2
671	2,170	1,350	4,191	1,920



"Of such is the kingdom of heaven."



Visiting

But there are only 7,000 registered nurses for a population of four hundred million people. Hospital facilities are also deficient, there being only one hospital bed for every 4,000 persons. In the United States, the ratio is one hospital bed for every 131 persons.



Catholic Maternity Institute
Santa Fe, New Mexico

A Friend Of Ours: Qureisha

By Sister M. Elise Wynen, S. C. M. M., M. D.

Qureisha is the oldest inhabitant of Patna's Holy Family Hospital, not in age, but in time of occupation. She has been with us for more than two years. Her illness is a peculiar one, a slowly progressive paralysis of the entire body up to the neck, very painful, and quite incurable. The girl is barely twenty years old, and looks even younger with her little black pigtailed and her unfailing smile. Her hands lie on the sheet, thin, twisted, useless; her legs are like matchsticks, and her entire weight is about sixty pounds.

The nurses have made a regular pet of her. Qureisha's back gets frequent rubbing, her hair is oiled and brushed until it shines. Sweets are shared with her, and the latest news from all over the hospital is brought to her. Each succeeding wave of patients in her ward soon learns to flock around her and tell her all their secrets, worries and troubles. Christians, Hindus or Mohammedans, it makes no difference. All love her.

Now Qureisha is not a "character," a remarkable personality, witty or clever. Why is it that people are so attracted to her? For one thing, Qureisha never complains. When she is in pain, she says so, but in the most ordinary voice, as if she were speaking about somebody else. All the inevitable suffering due to almost complete paralysis she takes without a murmur. She cannot even change her position in bed, chase the flies crawling over her face, or reach out for a cup when she is thirsty. She can do nothing to lessen her discomfort, or while away the time. Yet she never talks about it, not even indirectly.

On top of that, she has a kindly interest for all that goes on around her. When a student

nurse is tired or worried about a test, when a newcomer to the ward looks frightened and homesick, when someone is fretting about a sick relative, Qureisha always has the right word and the cheery smile each one needs. She watches the possessions of the women who want to go out for a chat. She explains nursing procedures to the uninitiated. She consoles weeping children, laughs at every mishap, and never criticizes anyone. Such conduct sustained over months and years, cannot be mere natural goodness. It must have its basis in the supernatural, or it would have failed long ago.

We got a glimpse behind the curtain not long ago. An old lady in the bed next to Qureisha died suddenly, unexpectedly, and rather horribly. Naturally there was a great commotion in the ward, and before the nurses could get the screen around the bed, everyone had taken a very close look at death. When it was all over, I asked her, "Did you mind this happening so close to you?" "Why should I," she answered, with her usual serene smile. "We all have to die sooner or later, and we are in the hands of Allah at all times. When it is His will, we die. What better thing could happen to us?"

There lies Qureisha's secret. She has brought submission to the will of God to a living reality. Her serenity is of the hard-won, invincible type. Her body may be paralyzed, but her soul is free. Not an atom of energy is wasted in futile rebellion or self-pity. That is why she always has sympathy to spare for others.

We have put the fate of Qureisha in the hands of Our Lady, the "Bibi Miriam" she knows and loves so well. We bide God's time patiently and hopefully. Qureisha will not fail.

NETHERLANDS MISSIONARIES

The number of Catholic missionaries from the Netherlands in the East Indies in 1940 was larger than the number of Catholic missionaries from the U.S.A. in all the overseas missions. There were 2,890 Netherlands missionaries in the East Indies; 2,222 from the U.S.A. in all the overseas missions. The number of Catholics in the Netherlands is about 2,300,000, compared to 30,000,000 in the United States. The number of Catholic Americans in overseas missions had increased to approximately 3,100 by 1946.

The Shield Teacher's Guide, Feb. 1948

The Cause of Jeanne Mance

Soeur Mondoux

In the "Medical Missionary" of October 1943, there appeared a biography of Jeanne Mance, the first lay nurse of North America. This article continues her history by telling about the extension of her cult.

The Hôtel-Dieu of Montreal which she founded in 1642 was the first place to honor her life and virtues. In the 19th century, historians began to give more attention to the admirable figure of Jeanne Mance. Since then her name has become so familiar to the people of Canada that they call her one of the "founders."

In 1901, the School of Nursing of the Hôtel-Dieu was established under the name of "Jeanne Mance." Following the example set by the Hôtel-Dieu, other schools of nursing adopted Jeanne Mance as their patron. A monument erected in 1909 in a place of honor at the Hôtel-Dieu, representing the heroic pioneer supporting a wounded savage, is dedicated to Jeanne Mance, model of nurses.

In 1944, the name of Jeanne Mance was included in text of the professional oath which nursing students take at graduation.

Justly proud of their professional connection, the graduate nurses of the Hôtel-Dieu formed the *Jeanne Mance Association* in 1917. Miss Marie-Claire Daveluy, author of the *Life of Jeanne Mance* inaugurated the annual celebration on May 17, the date of her arrival in Montreal.

In our day, the patriotic and religious character of Jeanne Mance is honored at all the school holidays and public feasts. Sometimes at such festivals, official persons proposed to make the heroic virtues of Jeanne Mance known through the infallible teaching of the Church. The First Catholic Hospital Convention, which coincided with the third centenary of Montreal, put this idea on its program. Before a large assembly, Msgr. Philippe Perrier, Vicar-general of the Archdiocese of Montreal expressed the desire to see her whom our fa-

thers called "The Angel of Ville-Marie" canonized. Miss Gabrielle Brossard, graduate nurse of the Hôtel-Dieu, foundress and first president of the Catholic Association of Canadian Nurses, stood up afterwards to ask that the ecclesiastical authorities receive this petition in order that Jeanne Mance might quickly become the patron saint of nurses. This motion, approved by the Rev. Mother Saint Ignatius, (of the Sisters of St. Martha, Antigonish, Nova Scotia) stirred up a thunderous applause.

If Montreal has the glory of initiating the idea the United States has the honor of putting the motion into effect. The Rev. Father Alphonse Schwitalla, S. J., present at this meeting availing himself of all this good will, put the project on the road to realization. Some months later he asked the Rev. Father Ivan d'Orsonnens, S. J. chaplain of the Montreal conference, to take charge, with the approbation of His Excellency, the Archbishop, of a committee in Montreal to promote the cause of the servant of God.

This committee has functioned since May 15, 1943. By August of that year, the Sister Secretary had drawn up a rather long Memoir attesting Jeanne Mance's reputation for sanctity. Her biography, written in English by Mr. William Henry Aherton reappeared a little later, as well as one in French by Canon Lionel Groulx, our national historian.

As to the number of favors obtained through her intercession, three accounts have been sent us from the United States. These are an encouragement to storm heaven to glorify this holy foundress for the good of souls.

Jeanne Mance is no longer a stranger in the United States of America. In the history of this great republic, French names mark many of the principal posts of discovery. In return for the earnest reception which the nurses of America will give her, may the servant of God grant them joy and consolation in the exercise of their noble profession.

Mission Intention for March:

"That Christian principles be followed in dealing with the Japanese workingman."

Mission Intention for April:

"That the social order in China be preserved from atheistic communism."



AT HOME AND ABROAD



PHILADELPHIA

The Reception and Profession Ceremony was held at the Motherhouse on February 12. Rev. Fr. Benedict Brosnahan, from St. Anselm's Priory in Washington conducted the eight day retreat preceding the ceremony. Rt. Rev. Msgr. Thomas F. McNally presided at the ceremony assisted by the Rev. Charles Mahoney, C.S.C. Present in the sanctuary were Rev. Vincent Luther from Altoona, Pa.; Rev. D. A. Cunningham, Church of Queen of Angels, Austin, Minn., uncle of Miss Heidkamp; Rev. James McGee, Rev. Anthony Flynn, both from Philadelphia, and Rev. Henry Greer, S. J. from New York.

Sister M. Benedict made her final profession; Sister M. Ursula and Sister M. Jacob renewed their vows on February 11.

The following novices made their first vows: Sister M. Marcella, (Louise DuBrul) Cincinnati, Ohio; Sister M. Judith (Rita Kroska), Duellm, Minn.; Sister M. Edward (Margaret Mary Reese) Philadelphia, Pa.; Sister M. Richard (Mary Louise Lynch), Baltimore, Md.; Sister M. Gabriel (Joan Marie Jollett) Elizabeth, N. J.; Sister M. Charles, (Phyllis Salz), Dubuque, Iowa; Sister M. Carmel, (Ruth Petonyak), Westport, Pa.; Sister M. Theodore (Joan I. Spaeth), Cincinnati, Ohio.

Fifteen postulants received the habit of the Society: Miss Muriel Mary Hubbard, Cambridge, Mass., Sister M. Ralph; Miss Jane Marie Burns, Rutherford, N. J., Sister M. Gerard; Miss Marie E. Burke, Jersey City, N. J., Sister Marie Therèse; Miss Elizabeth La Bonte, Providence, R. I., Sister M. Maura; Miss Donna Marie Flory, Toledo, Ohio, Sister M. Louis; Miss Anna Mae Doran, Jordan, N. Y., Sister M. Anastasia; Miss Virginia Serafini, Renovo, Pa., Sister M. Andrea; Miss Mary Margaret Magill, East Liverpool, Ohio, Sister M. Lawrence; Miss Jane Blewett, Fond-du-Lac, Wis., Sister Marie Pierre; Miss Alice Marie Marier, Drummondville, Quebec, Canada, Sister M. Jeanne; Miss Helen Noy, Alberta, Canada, Sister M. Dominic; Miss Katharine Heidkamp, Chicago, Ill., Sister M. Thomasina; Miss Patricia Schnepfer, Evansville, Indiana, Sister M. Mark; Miss Anne Margaret Morgan, Boston, Mass., Sister M. Carolyn; Miss Mary Jane Amsteen, Chicago, Ill., Sister M. Rose.

PATNA

Holy Family Hospital
Patna, Bihar, India

We had a most interesting time at the Trained Nurses Association of India Convention, held at Lucknow, in November. At a convention one generally comes across an old acquaintance, but this time I felt it would be different. But surprise—when Sister Jude introduced me to Miss Martyn, Superintendent of Nursing Service, West Bengal, we discovered we had been in the same Bacteriology Class in 1942 at Catholic University. I distinctly remembered that there was a Protestant missionary in the class, and because she had been in India, I was particularly interested. Miss Martyn would frequently make the remark, "Sister Cyril and I went to school together." Noting the difference in ages, someone wanted to know how it was possible. Miss Paull laughingly answered, "These Americans say they go to school if it is primary grade, a college, or university! Everything is just 'school' to them." Miss Martyn was also in class with Sister Theophane, and had been on the same boat with Mother Dengel, Sister Stephen and Sister Augustine in 1945. We also met a Miss Paxton from the Bombay Province. She went to Catholic University also, and came to India on the same boat with Sister Barbara and Sister Louise last March. Small world!

It is quite cold in Patna—down to 70 degrees. The 12 to 15 foot high bushes of point-setta merrily waving their red-starred heads of crimson make an appropriate Christmas sight along the cemetery wall. And the bougainvillea is gorgeous with the sweet-pea like blossoms in heavy tufts climbing around the arched entrance and the statueless shrine. Our place here is quite lovely, especially in comparison with the crowded bazaar.

Sister M. Cyril

MURREE

Oxford Villa
Muree, Pakistan

Murree is an ideal vacation place. From the front porch of our "Villa" we can see snow-capped mountains across the way. It is a delightful change from Rawalpindi. At first, however, I found it a bit noisy here. It is like living in a zoo, except that there are no cages. A big monkey who lives in the woods nearby wanders over occasionally to see how we are

getting along. Then there are jackals, oodles of them. They make quite a noise when they begin their infernal howling all at once. During Retreat a Sister and I were sitting out by a pile of rocks practicing a hymn for Benediction when a dog-like creature came around the corner to investigate. After I had taken a good look I realized that *this* must be a jackal. He looked too wild for a dog. But as soon as I looked at him, he just turned around and slunk off. You can't really be afraid of animals that always slink off.

Not all animals stay outside though. We have some kind of flying animal in the house that makes an ungodly racket up in the rafters at night. They are something like squirrels, except that they are bigger. Their bushy tails end in a point, instead of being full at the end. A web of skin joining their front and back legs makes them resemble flying squirrels. The whole family of them came out into the chapel the first day I was here. One of the other Sisters kept throwing pillows at them. I was afraid that if the youngsters became excited they would lose their footing and fall down. I'd just as soon have them up near the roof as down with us. The ceiling of my bedroom is their special playground. They bounce down on it so hard that they knock down whole showers of whitewash which I have to sweep up every morning. I wouldn't mind the sweeping part if those bounces didn't have sound effects. When these little animals awaken you, then you can hear the rats scuttering about on the floor. One night a bat was also inside, flying around the room. Then some one of the cows who wander up to our front lawn decided to sleep underneath our porch. Since the hole is a mite too small, she kept butting it in hoping to make the hole bigger. On a night like this, I began to wish that I had a cage if the animals don't. That is one consolation about rain during vacation. A good noisy rain keeps the animals still. Or at least the raindrops make so much noise on the tin roof that you can't hear the other attractions.

In the list of animals around here I forgot to mention the lizards. They are small but very active. At night they are on the outside of the screen as soon as you put on the lights. They feast on those luscious mosquitoes that are attracted by the light. Such cute little things with their tummies pumping up and down as they watch for their prey. May their tribe increase!

Sister M. Renée

EASTER CUSTOMS IN MALABAR

Lent passed uneventful. I always associate cold weather with Lent, but it was quite the contrary! Holy Week was exceptionally hot and heavy. Wednesday, Thursday and Friday at 4:30 P.M. we attended Tenebrae at the Carmel. Holy Thursday we had High Mass in our Church and after Mass Father washed the feet of 12 boys. We did not have the altar of Repose as we are so few but in the evening we had the "Breaking of the Bread." This ceremony is held in all homes and convents. In the homes, a special unleavened bread is prepared and a drink from cocoanut water and jagery (coarse brown sugar made from palm juice). In the evening all assemble together, including the servants and coolies living on the land. The sons of the family read the Last Discourse aloud, and when it is finished the father takes the bread and cuts a cross on it, breaks it in pieces and distributes to all present. This ceremony is very solemn. Immediately afterwards Holy Hour is held in the home. Here, the bread had been prepared, and the Rev. Fr. Pinakatt blessed it and cut on it the form of a cross. In the evening (8:30 P.M.) the community assembled in the refectory and I read the Last Discourse, then broke the bread in pieces and distributed to each one. We also had the drink of cocoanut water in which to dip the bread. Then at 9:00 we had Holy Hour.

Good Friday morning there was the reading of the Prophecies, a long sermon on the Passion and Veneration of the Cross, drinking of bitter draught, etc. The ones who were sacrificians did not know how to make the bitter drink. As a result, it was so terribly strong that it made everyone sick—except one Sister who took three spoonfuls. Her stomach must be of iron. Then we had the Way of the Cross.

Easter Sunday we got up at 2:30 A.M. and Holy Mass (High) was celebrated at 3:30 A.M. as is the custom in the Syrian Rite. Before the Mass Father Pinakatt incensed the statue of Our Risen Lord, chanted psalms appropriate to the occasion and carried the statue in procession to the back of the Church to a specially prepared shrine where it is left until Ascension Thursday. Sermon and Benediction of the Blessed Sacrament concluded our Easter Morning service at 5:20. We had a cup of coffee and hurried off to the 6 o'clock High Mass at the Carmel, like the women running off to the sepulchre. It was so nice to hear the old familiar chant of the Easter Mass and the Alleluias!

Sister M. Pauline

"The transforming secret of Catholic life is not mere fidelity to bare duty. It is the grateful appreciation and enthusiastic exercise of the powers we hold as partners of Christ, sharers of His life, members of His Body."

—From the FAR EAST Magazine

Memorial Service Held For Mahatma Gandhi

Washington, D. C., February 11, 1948

The large auditorium was filled with people of every race and class, come to pay homage to the memory of the great leader of the people of India. In the center of the stage was a bust of Mahatma Gandhi, with a picture of him above wreathed in white flowers. A single spotlight centered all attention to this display.

His Excellency Mr. M. Asaf Ali, Ambassador of India, greeted the audience, and expressed his gratitude to all who had sent messages of sympathy to him as representative of his country. He briefly outlined the program, and introduced each speaker in turn.

Fourteen Indian women, dressed in white saris formed a semi-circle on the stage, with the bust of Gandhi in the center. In the plaintive chant of the Orient, they recited an invocation from Tagore to the Eternal Spirit and Sustainer.

Following this were readings from all the sacred scriptures of the East, so venerated by Gandhi. Each selection was read by a representative of the religion to which it belonged. The appropriate verses were first chanted in the language in which they were written, and then a translation in English was read.

Then there was a moment of silence for everyone in the audience to pray in his heart for the repose of the soul of Gandhi.

The second part of the program consisted of tributes to the life of Gandhi by various prominent people such as: Mrs. Mary E. Bethune, Negro leader, Senator Vandenberg, and Pearl Buck. All joined in praising the selflessness of Gandhi, his devotion to the things of the spirit, and his loving service to all men.

Mr. M. Asaf Ali, the Ambassador from India paid the closing tribute, saying that Gandhi demonstrated the power of love and humility.

Another Hymn chanted by the sari-clad chorus brought the program to an end.

RECEIVED FROM THE PUBLISHERS:

My Book About God by Julie Bedier (Sister Juliana) with illustrations by Louise Trevisan (Sister Giovanni) (both are Maryknoll Sisters). The Macmillan Co., New York 1948 ages 4-6. Price \$2.00.

The Song of the Church by Marie Pierik Longmans, Green & Co., New York 1947. Price \$3.00, pages 250.

Maryknoll Spiritual Directory Compiled by James E. Walsh, M. M. D. D., Field Afar Press, New York 1947. Price \$2.00. Pages 277.

R. I. P.

Please pray for the repose of the souls of:

Father William J. Dunn
Manchester, Conn.

Rev. Father John Sloan, S.J.
Patna, India

Rev. C. A. Skowronski
Saginaw, Michigan

Mother Gertrude Hastings, R.S.C.J.
Overbrook, Pa.

Sr. Mary Aurelia Gaffey
Hartford, Conn.

Sister M. Loyola Duffy, S.S.J.
Baden, Pa.

Sister M. Aloysius Kavanagh, S.B.S.
Cornwells Heights, Pa.

Sister M. Francis Jerome, C.S.C.
Holy Cross, Indiana

Mrs. Nellie Prosser *Mr. Robert A. Ralph*
Baltimore, Md. Washington, D. C.

Mrs. W. G. Gude *Mr. George Tracy*
Lafayette, Ind. Conshohocken, Pa.

Miss Lorriane Berres *Mr. Hugh V. Ferguson*
Washington, D. C. Toronto, Canada

Mr. John B. Brown
Patterson, N. J.

Mahatma Gandhi's Advice to Missionaries

Christianity should be a part of the national life and a contributing factor to the uplift of India. Gandhi once said, "I would suggest four things in order to make it possible:

"First, I would suggest that all of you Christians — missionaries and all — should begin to live more like Jesus Christ.

"Second, I would suggest that you practice your religion without adulterating it or toning it down.

"Third, you should make love central in your lives for love is central in Christianity.

"Fourth, you should study the non-Christian religions more sympathetically to find out the good that is in them in order to have a more sympathetic approach to the people."

Speaking About Refugees

From Holy Family Hospital, Rawalpindi, Pakistan:

We have them coming in by the thousands. The Hindu school and hospital opposite Holy Family are used as temporary refugee camps. You never in your life saw such an accumulation of misery. The sickest ones we take in. We get to see all the diseases in the books, from mumps to cholera. The commander of the camp comes in at night and says "Sister, will you please come and make your rounds tonight before your prayers. There is another train of refugees expected." They know that we are interested in the sick. Many of the poor babies die in spite of all that we do for them. The Hindus and Sikhs were all placed together in one street. One enterprising young Hindu had requisitioned a house and turned it into some kind of a hospital. We could go there and treat patients, many of whom were our old friends. It makes one's heart bleed to see their predicament. If they come to Holy Family Hospital they have to come with four armed guards, and that in their own city! We are often asked if it is true what appears in the papers. All I can say is that it is not true—it is a thousand times worse.

We just received the news of the departure from United States of our new missionaries; they will be welcome indeed.

Sister M. Leonie

I suppose you heard about the refugee camp just across the street from us. For a while it was a mess. One night 2,000 refugees were brought in at once, another 3,000 and the worst night, 5,000 came. Of course then there is not even sleeping room on the floors, so hundreds camp all along the road about a block each way. It wasn't so bad when the weather was warm, but the past few weeks it has been around freezing. That last group of 5,000 was just like having 5,000 patients admitted all at once. Only they died on the street instead of being admitted. Dozens had smallpox, about

half had dysentery, many malaria, loads of sore eyes, measles, just starvation, and scabies. Hardly one was really well.

The only thing you could do when a crowd like that comes in is to go from one to another as fast as you can just handing out atebrine, sulfaguanidine, eye drops, ointments, etc. Oh, there were lots of cholera cases too, but rushing around like that you do not know really which ones are mild cholera or bad dysentery—you must make a snap diagnosis by a glance at the patient. But all we could do was give them sulfaguanidine. Fortunately we had the 10,000 tablets we got from army disposals. As for fevers, which were malaria and which T.B. you cannot tell at a glance. You take the patient's word for it. They usually can tell you that by themselves.

After a day or a few days here some are sent to villages around; thousands have been given homes or shops in Rawalpindi, the remainder are sent to permanent camps. There are now 30,000 at Manser camp ten miles beyond Wah, and a few days ago there were 21,000 at Wah camp. The authorities try to allot farms and shops, etc. as fast as they can place the people, but it is a terrific task. And there are so many sick and widows and orphans.

The camp across from us gave food and clothing to the refugees passing through, but they have no medicines, except what we are able to give them. The same with Wah camp up to a week or so ago. The Franciscan Missionaries of Mary (those who survived the Baramula incident) have been going daily to look after the sick at Wah. Now three or four of the Franciscans are staying there all the time. They are getting medical help from the military and other sources.

Never in the history of the world has there been such a transfer of populations and so many millions trekking under such adverse conditions. It is a case of "survival of the fittest."

Sister Alma Julia

SR. M. RENATA C
% ST. BASIL'S ACADEMY
FOX CHASE, PHILA., 11, PA.

12-48



Scene in a Refugee Camp



Reading about misery in the bulk doesn't affect one so much—so many died of cholera, so many of small-pox, etc. But seeing the individual cases before your eyes is another thing. Here is one woman who saw her husband and children killed, another man who doesn't know what has happened to his wife, here are some children separated from their parents, literally naked and starved.

We are still going on with the hospital, brick by brick. I have no contractor, but I am man-

aging by myself with the Muslim laborers. There are bandits around the district, but I think they are looking for better loot than brick and cement. Besides, I have made it clear and public throughout the district that this hospital is to be left alone. The neighboring villagers have promised us all protection. But just the same we are working literally under armed guard. We work a little and stop a little as we get materials and money. But Rome wasn't built in a day and it isn't everybody who builds in the midst of a war.

YOU can help by your prayers and contributions

Please send all donations to:

**MOTHER ANNA DENGEL
MEDICAL MISSION SISTERS
8400 Pine Road, Philadelphia 11, Pa.**